	· 11,0,0
COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY	ATTORNEY'S DOCKET PG3612USW First Names Inventor: Duncan Robert ARMOUR
() Declaration submitted with initial filing or (X)Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	Complete if known: App No.: Filing Date Group Art Unit:
As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name.	
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, is (if plural names are listed below) of the subject matter which is claimed and for which a patent is seentitled: COMPOUNDS USEFUL IN THE TREATMENT OF INFLAMMATORY DIS	ought on the invention

the specification of which (check only one item below):

as amended by any amendment specifically referred to above.

[]is attached hereto.

applicable)

Filing Date (MM/DD/YYYY)

[x] was filed on 16 DECEMBER 1999 as United States application Serial No. or PCT International

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims,

Application Number PCT/EP99/10000 filed and was amended on (MM/DD/YYYY)

Application No.

3. 4.

2. 3. 4. 5.

CO	MBINED DI	ECLARATION FOR U	FILITY or DESIGN	ATTORNEY'S DOCKET NUMBER PG3612USW
	ENT APPL	ICATION WITH POW	ER OF ATTORNEY	Continued
2	FULL NAME OF INVENTOR	FAMILY NAME GORE	Paul	SECOND GIVEN NAME/INITIAL Martin
	INVENTOR'S SIGNATURE	Signature X		Date :
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	_
2	OF INVENTOR	GREEN Signature	Darren	SECOND GIVEN NAME/INITIAL Victor, Steven
	SIGNATURE	x		Date X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
_	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME JACK	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-	INVENTOR'S	Signature	Torquil	Iain, Maclean
0	SIGNATURE RESIDENCE &	CITY	Torus an	х
U	CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
	77.77	Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	Stevenage POST OFFICE ADDRESS	GB	GB
8	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	MASON Signature	Andrew	McMurtrie
	SIGNATURE	x		D te X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
		Five Moore Drive, PO Box 13398	Acsearch Triangle Laik	NC 27/09, US
2	FULL NAME OF INVENTOR	FAMILY NAME MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Accepted Triangle Park	NC 27709, US

		CLARATION FOR UT WITH POWER OF AT		ATENT PG3612USW
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	RAMSDEN Signature	Nigel	Grahame
	SIGNATURE	x x		x
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

Five Moore Drive, PO Box 13398

COMBINED DECLA APPLICATION WIT				ATTORNEY'S DOCKET PG3612USW First Names Inventor: Duncan Robert ARMOUR
() Declaration submitted with initial	filing or			Complete if known: App No.:
(X)Declaration submitted after initia	al filing (surcharge	required 37CFR1.16(e))		Filing Date Group Art Unit:
As below name	ed inventor. I he	reby declare that:		
My residence, post offic	e address and cit	izenship are as stated be	low next to my name.	
I believe I am the origin (if plural names are liste entitled:	al, first and sole d below) of the s	inventor (if only one nar subject matter which is c	me is listed below) or an original, for the laimed and for which a patent is so	irst and joint inventor ught on the invention
COMPO	OUNDS USEFU	L IN THE TREATME	NT OF INFLAMMATORY DISI	EASES
the specification of which	ch (check only or	ne item below):		
[]is attached hereto. OR				
			on (MM/DD/YYYY)	r PCT International
as amended by any amer	ndment specifica	lly referred to above.	f the above-identified specification,	
I hereby claim foreign proor inventor's certificate of United States of America	riority benefits un or 365(a) of any I a, listed below ar ficate or of any P	nder 35, U.S.C. §119 (a) PCT international applicated have also identified be	to patentability as defined in 37 CF (d) or §365(b) of any foreign applation which designated at least one elow, by checking the box, any foreition having a filing date before that	ications(s) for patent country other than the
PRIOR FOREIGN AND ANY I				
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998	X
2. 3.	-			
4.		 		
5.				
I hereby claim the benefit under T	itle 35, United S	tates Code §119(e) of ar	ny United States provisional applica	ation(s) listed below:
Application No.		Filing Date	e (MM/DD/YYYY)	
1.				
2. 3. 4.				
<u>. </u>				
5				

		CLARATION FOR UT ICATION WITH POW		ATTORNEY'S DOCKET NUMBER PG3612USW Continued
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GORE	Paul	Martin
	INVENTOR'S	Signature X		Date X
	SIGNATURE	CITY		
)	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	GB
	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
'	ADDICESS	Five Moore Drive, PO Box 13398	Research Triangle Lark	NC 27709, US
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
:	OF INVENTOR	GREEN	Darren	Victor, Steven
	INVENTOR'S	Signature	Darren	Date
	SIGNATURE	x		x
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
i	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	•	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	HOLMAN	Stuart	
	INVENTOR'S	Signature X		Date X
Ì	SIGNATURE		CTATE ON DO	
	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	1.221(200	Five Moore Drive, PO Box 13398	Account I I angle I al K	1103, 03
\dashv	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	JACK	Torquil	Iain, Maclean
	INVENTOR'S	Signature	1 - vi dan	Date
	SIGNATURE	x		X
	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		<u> </u>
	FULL NAME	FAMILY NAME KEELING	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	Signature	Steven	Philip
	INVENTOR'S SIGNATURE	X		Date X
	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
- 1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		1
一	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
J	OF INVENTOR	MASON	Andrew	McMurtrie
- 1	INVENTOR'S	Signature		Date
	SIGNATURE	х		x
ſ	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY Descends Triangle Book	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	DAIL A SALES	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME MORRISS	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
ŀ	OF INVENTOR INVENTOR'S	Signature	Karen	Date
J	SIGNATURE	X		Date X
ŀ	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
ŀ	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
]		Five Moore Drive, PO Box 13398		
J				İ
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			1	

DECLARATION FOR "371" APPLICATION

CON	MBINED DE	CLARATION FOR UT	TLITY or DESIGN P	ATENT	PG3612USW
		WITH POWER OF AT			1 G301203W
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVE Grahame	N NAME/INITIAL
!	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 2770	CODE/COUNTRY 9, US
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVE	N NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	NC 27709	O, US

ON AT	MBINED DE CENT APPL	ECLARATION FOR UT ICATION WITH POW	FILITY or DESIGN TER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER PG3612USW
2	FULL NAME OF INVENTOR	GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Martin
	INVENTOR'S SIGNATURE	Signature X		Date X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	GB	GB
4	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME GREEN	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	INVENTOR'S	Signature	Darren	Victor, Steven
_	SIGNATURE	X		x
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	GB STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL
-	INVENTOR'S	Signature	1 Seamt	Date
0	SIGNATURE	CITY	Lawrence	x
U	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	JACK	FIRST GIVEN NAME Torquil	second given name/initial Iain, Maclean
	INVENTOR'S	Signature X	1	Date
0	SIGNATURE RESIDENCE &	CITY	STATE OR EOPPICE CONTRACT	X
J	CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
ל	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7 —	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip
	INVENTOR'S	Signature X		Date
)	SIGNATURE RESIDENCE &	CITY	CTATE OR FOREVER CONTINUE	х
,	CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
0	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS FULL NAME	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	Research Triangle Park	NC 27709, US
2	OF INVENTOR	MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL McMurtrie
	INVENTOR'S	Signature X		Date
)	SIGNATURE RESIDENCE &	CITY	STATE OF FOREIGN CONTINUE	X
•	CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MORRISS	Karen	STORY OF EN NAVIGUE WITH
	INVENTOR'S SIGNATURE	Signature X		Date X
)	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage POST OFFICE ADDRESS	GB	GB
0	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US

DECLARATION FOR "371" APPLICATION

CON	IBINED DE	CLARATION FOR UT	TILITY or DESIGN P	ATENT	ATTORNEY'S DOCKET NUMBER PG3612USW
APP	LICATION	WITH POWER OF AT	TORNEY Continued		1 G301203W
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVE	EN NAME/INITIAL
_	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
11	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 2770	code/country 9, US
2	FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVE	EN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
12	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 2770	9, US

•						
	COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY					
				First Names Inventor: Duncan Robert ARMOUR		
() Declaration submitted with initial	filing or			Complete if known: App No.:		
(X)Declaration submitted after initia	l filing (surcharge					
		rodunos o or remoto,,		Filing Date		
				Group Art Unit:		
As below name	d inventor. I her	eby declare that:		-		
My residence, post office	e address and cit	izenship are as stated belo	ow next to my name.			
I believe I am the original (if plural names are listed entitled:	al, first and sole i d below) of the s	nventor (if only one nam ubject matter which is cla	e is listed below) or an original, find a patent is so	irst and joint inventor ught on the invention		
СОМРО	OUNDS USEFU	L IN THE TREATMEN	NT OF INFLAMMATORY DIS	SEASES		
the specification of whic	h (check only on	e item below):				
[]is attached hereto. OR						
[x] was filed on 16 DE	<u>CEMBER 1999</u>	as United States applica	tion Serial No c	or PCT International		
Application Number PC	CT/EP99/10000 f	filed_and was amended or	n (MM/DD/YYYY)	(if applicable)		
I hereby state that I have as amended by any amen	reviewed and un dment specifical	derstand the contents of ly referred to above.	the above-identified specification	, including the claims,		
I acknowledge the duty to	o disclose inform	nation which is material to	o patentability as defined in 37 CF	FR §1.56.		
or inventor's certificate o United States of America patent or inventor's certif	I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY I	PRIORITY CLA	IMS UNDER 35 U.S.C	. 119:			
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED		
1. 9828074.6		GB	12/18/1998	X		
2. 3. 4.			*			
5.	05 77 % 1.0					
I hereby claim the benefit under T Application No.	itle 35, United S		V United States provisional application (MM/DD/YYYY)	ation(s) listed below:		
1.		Timig Date	(MINDDITTT)			
2.						
3. 4.						

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT			
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers

Lorie Ann Morgan

Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181 Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709 23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

<u> </u>				
I	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	<u>X</u>		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
l	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	<u>x</u>		×
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	8	

CON	COMBINED DECLARATION FOR UTILITY or DESIGN ATTORNEY'S DOCKET NUMBER PG3612USW				
	ENT APPL	ICATION WITH POW	ER OF ATTORNEY C	ontinued	
2	FULL NAME OF INVENTOR	FAMILY NAME GORE	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Martin	
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
		Five Moore Drive, PO Box 13398 FAMILY NAME			
2	FULL NAME OF INVENTOR	GREEN	FIRST GIVEN NAME Darren	SECOND GIVEN NAME/INITIAL Victor, Steven	
	INVENTOR'S SIGNATURE	Signature X		Date \hat{X}	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
		Five Moore Drive, PO Box 13398		NC 27709, US	
2	FULL NAME OF INVENTOR	FAMILY NAME HOLMAN	FIRST GIVEN NAME Stuart	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature		Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
<u> </u>		Five Moore Drive, PO Box 13398			
2	FULL NAME OF INVENTOR	JACK	FIRST GIVEN NAME Torquil	second given name/initial Iain, Maclean	
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
		Five Moore Drive, PO Box 13398			
2	FULL NAME OF INVENTOR	FAMILY NAME KEELING	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Philip	
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
		Five Moore Drive, PO Box 13398 FAMILY NAME			
2	FULL NAME OF INVENTOR	MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL McMurtrie	
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
		Five Moore Drive, PO Box 13398 FAMILY NAME			
2	FULL NAME OF INVENTOR	MORRISS	FIRST GIVEN NAME Karen	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature X		Date X	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
10	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	стү Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
		Five Moore Drive, PO Box 13398	Triumgiv I ain	1.0 2//02,00	
			L		

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT ATTORNEY'S DOCKET						
				PG361		
APPLICATION WITH	I POWER (OF ATTORNEY	•		es Inventor:	
				Duncan F	lobert ARMOUR	
				Comple	te if known:	
() Declaration submitted with initial i	iling or			App No		
O Decimation submitted with initial i	iiiig Oi					
(X)Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		F:1: F		
				Filing D	Pate	
				Group A	Art Unit:	
		March 1		<u> </u>		
As below named	l inventor. I here	by declare that:				
My residence, post office address and citizenship are as stated below next to my name.						
I believe I am the origina	l. first and sole in	ventor (if only one name	e is listed below) or an original, fi	irst and io	int inventor	
			imed and for which a patent is so			
COMPO	UNDS USEFUL	IN THE TREATMEN	T OF INFLAMMATORY DIS	SEASES		
the specification of which	n (check only one	item below):				
[]is attached hereto. OR						
[x] was filed on 16 DE	CEMBER 1999	as United States applica	tion Serial No o	or PCT In	ternational	
Application Number PC	T/EP99/10000 fi	led_and was amended on	(MM/DD/YYYY)		(if applicable)	
I hereby state that I have as amended by any amen			he above-identified specification	, includin	g the claims,	
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 Cl	FR §1.56.		
or inventor's certificate o United States of America patent or inventor's certif	I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY F	PRIORITY CLA	IMS UNDER 35 U.S.C	. 119:			
Prior Foreign Application		Country	Foreign Filing Date		PRIORITY	
Number (s)			(MM/DD/YYYY))		CLAIMED	
1. 9828074.6		GB	12/18/1998		X	
2. 3.						
4.						
5.						
I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of any	United States provisional applic	cation(s) 1	isted below:	
Application No.			(MM/DD/YYYY)			
1.						
2.						
3.						
<u>4.</u> 5.						

ATTORNEY'S DOCKET NUMBER PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						
		STATUS (Check	one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby

Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094

Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers

Lorie Ann Morgan

Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398

Research Triangle Park, NC 27709

23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

				SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date X
	SIGNATURE	X		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		İ
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
	SIGNATURE	×		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	<u> </u>	

		CLARATION FOR UT WITH POWER OF AT		ATENT PG3612USW
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame
1	INVENTOR'S	Signature		Date
1	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WARD	Peter	
	INVENTOR'S	Signature		Date
	SIGNATURE	×		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СІТҮ	STATE & ZIP CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLAR APPLICATION WITH				ATTORNEY'S DOCKET PG3612USW
AFFLICATION WITH	d FOWER	OF ATTURNE	I	First Names Inventor: Duncan Robert ARMOUR
() Declaration submitted with initial f	_			Complete if known: App No.:
(X)Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named	d inventor. I here	eby declare that:		<u> </u>
My residence, post office	e address and citiz	zenship are as stated bel	ow next to my name.	
			e is listed below) or an original, first ed and for which a patent is sough	
COMPO	OUNDS USEFUI	L IN THE TREATME	NT OF INFLAMMATORY DIS	EASES
the specification of which	n (check only one	e item below):		
[]is attached hereto. OR				
	CEMBER 1999	as United States applica	ation Serial No o	r PCT International
Application Number PC	T/EP99/10000 fi	led_and was amended or	n (MM/DD/YYYY)	(if applicable)
I hereby state that I have amended by any amendm			the above-identified specification,	including the claims, as
I acknowledge the duty to	o disclose inform	ation which is material t	o patentability as defined in 37 CF	R §1.56.
inventor's certificate or 30 United States of America	65(a) of any PCT I, listed below and icate or of any PC	international application have also identified be	(d) or §365(b) of any foreign appling which designated at least one coulow, by checking the box, any foreign having a filing date before that	untry other than the ign application for
PRIOR FOREIGN AND ANY F	PRIORITY CLA	IMS UNDER 35 U.S.	C. 119:	
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998	X
2.				
3. 4.				
<u>4.</u> 5.		·		
I hereby claim the benefit under Ti	tle 25 United St	otos Codo 8110(a) of an	y United States provinienal analica	tion(a) listed below:
Application No.	are 55, Omited St	~ 	e (MM/DD/YYYY)	non(s) nsted below.
1.				
2. 3. 4.				
4.				

ATTORNEY'S DOCKET NUMBER PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						
		STATUS (Check one)				
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655 Charles E. Dadswell Karen L. Prus Robert H. Brink Reg. No. 36,094 Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 35,851 Reg. No. 39,337

Reg. No. 37,092 Virginia C. Bennett Reg. No. 31,164 Frank P.Grassler Reg. No. 36,334 Christopher P. Rogers Lorie Ann Morgan Reg. No. 38,181

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel **Corporate Intellectual Property Department** GlaxoSmithKline Five Moore Drive, PO Box 13398

Research Triangle Park, NC 27709

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME FIRST GIVEN NAME		SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	x		Х
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
Ì		IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
	SIGNATURE	x		х
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US

			ATENT	PG3612USW
FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	Grahame	I EN NAME/INITIAL
INVENTOR'S SIGNATURE	x			
RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US	
FULL NAME OF INVENTOR	FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVE	EN NAME/INITIAL
INVENTOR'S SIGNATURE	Signature X			
RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF GB	CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park		code/country 9, US
	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FAMILY NAME RESIDENCE & CITY Stevenage POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY Stevenage VARD Signature X Signature X Signature X Signature X Signature X CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME WARD Signature X CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline	FULL NAME OF INVENTOR'S SIGNATURE POST OFFICE ADDRESS GlaxoSmithKline FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY State or foreign country GB Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR WARD INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY Research Triangle Park FIVE Moore Drive, PO Box 13398 FULL NAME OF INVENTOR WARD INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY RESIDENCE & CITY STATE OR FOREIGN COUNTRY GB FIRST GIVEN NAME Peter INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY GB FORE	FULL NAME OF INVENTOR RAMSDEN SIGNATURE RESIDENCE & CITY POST OFFICE ADDRESS FULL NAME OF INVENTOR FAMILY NAME RESIDENCE & CITY Stevenage POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF GB STATE & ZIP Research Triangle Park FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME Peter SECOND GIVI Research Triangle Park FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME SECOND GIVI RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF

COMBINED DECLA APPLICATION WIT	ATTORNEY'S DOCKET PG3612USW First Names Inventor: Duncan Robert ARMOUR			
() Declaration submitted with initial	_			Complete if known: App No.:
(X)Declaration submitted after initia	ıl filing (surcharge	required 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below name	d inventor. I her	eby declare that:		<u> </u>
My residence, post office	e address and cit	izenship are as stated belo	ow next to my name.	
I believe I am the origina (if plural names are listed entitled:	al, first and sole i d below) of the s	inventor (if only one nam ubject matter which is cla	e is listed below) or an original, faimed and for which a patent is so	irst and joint inventor bught on the invention
СОМРО	OUNDS USEFU	L IN THE TREATMEN	NT OF INFLAMMATORY DIS	SEASES
the specification of which	h (check only on	e item below):		
[]is attached hereto. OR	•			
[x] was filed on <u>16 DE</u>	CEMBER 1999	as United States applica	tion Serial No	or PCT International
Application Number PC	CT/EP99/10000	filed_and was amended or	n (MM/DD/YYYY)	(if applicable)
I hereby state that I have as amended by any amen	reviewed and und dment specifical	iderstand the contents of ly referred to above.	the above-identified specification	, including the claims,
I acknowledge the duty to	o disclose inform	nation which is material to	o patentability as defined in 37 Cl	FR §1.56.
or inventor's certificate o United States of America	r 365(a) of any F a, listed below an Ticate or of any P	PCT international applicand have also identified bel	(d) or §365(b) of any foreign app tion which designated at least one low, by checking the box, any for- ion having a filing date before tha	e country other than the eign application for
PRIOR FOREIGN AND ANY I				
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998	X
2. 3. 4.	,			
4.				
5.				
I hereby claim the benefit under T	itle 35, United St			ation(s) listed below:
Application No.		Filing Date	(MM/DD/YYYY)	
2.				
2. 3.				
4.				

ATTORNEY'S DOCKET NUMBER PG3612USW

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
		STATUS (Check	one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	

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Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler

Reg. No. 31,164 Reg. No. 36,334 Christopher P. Rogers Lorie Ann Morgan Reg. No. 38,181

Reg. No. 39,009

Reg. No. 37,092

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

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 _				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
1	INVENTOR'S	Signature		Date
i	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
	•	IPC 924, Pfizer Limited	i	
		Ramsgate Road		
	FULL MANCE	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1	FULL NAME	BROWN	David	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR		David	
	INVENTOR'S	Signature X		Date X
	SIGNATURE		· • · · · · · · · · · · · · · · · · · ·	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	x		ļ x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
_	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COM	COMBINED DECLARATION FOR UTILITY or DESIGN PATENT PG3612USW ATTORNEY'S DOCKET NUMBER PG3612USW							
APP	APPLICATION WITH POWER OF ATTORNEY Continued							
2	FULL NAME OF INVENTOR	FAMILY NAME RAMSDEN	FIRST GIVEN NAME Nigel	SECOND GIVEN N	NAME/INITIAL			
0	INVENTOR'S SIGNATURE RESIDENCE &	Signature X Date X CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP			FIZENSHIP			
11	CITIZENSHIP POST OFFICE ADDRESS	Stevenage POST OFFICE ADDRESS GlaxoSmithKline	GB crry Research Triangle Park	GB STATE & ZIP CODE/COUNTRY NC 27709, US				
2	FULL NAME OF INVENTOR	Five Moore Drive, PO Box 13398 FAMILY NAME WARD	FIRST GIVEN NAME Peter	SECOND GIVEN NAME/INITIAL				
	INVENTOR'S SIGNATURE	Signature X	Signature					
0	RESIDENCE & CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	STATE OR FOREIGN COUNTRY GB CITY	GB STATE & ZIP COL				
12	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709,	* * *			

DESTIND

COMBINED DECLA		ATTORNEY'S DOCK	кет		
APPLICATION WITI	HPUWEK	OF ATTUKNES	(First Names Inventor: Duncan Robert ARM	
() Declaration submitted with initial				Complete if know App No.:	<u> </u>
(X)Declaration submitted after initia	l filing (surcharge	required 37CFR1.16(e))		Filing Date	
				Group Art Unit:	
As below name	d inventor. I here	eby declare that:		1	
My residence, post office	e address and citi	zenship are as stated belo	ow next to my name.		
I believe I am the origina (if plural names are listed entitled:	al, first and sole ind d below) of the su	nventor (if only one name object matter which is classes	e is listed below) or an original, fi aimed and for which a patent is so	irst and joint invento ought on the inventio	or on
COMPO	OUNDS USEFUI	L IN THE TREATMEN	NT OF INFLAMMATORY DIS	SEASES	
the specification of which	h (check only one	e item below):			
[]is attached hereto. OR					
	<u>CEMBER 1999</u>	as United States applica	ation Serial Noo	or PCT International	i
Application Number PC	<u>'T/EP99/10000</u> f	iled_and was amended or	n (MM/DD/YYYY)	(if applical	ble)
I hereby state that I have as amended by any amended	reviewed and und dment specificall	derstand the contents of t y referred to above.	the above-identified specification,	, including the claim	ıs,
I acknowledge the duty to	o disclose inform	ation which is material to	o patentability as defined in 37 CF	FR §1.56.	
or inventor's certificate of United States of America patent or inventor's certification which priority is claimed:	r 365(a) of any Po l, listed below and licate or of any Po :	CT international applicated have also identified belect international applicated.	(d) or §365(b) of any foreign appl tion which designated at least one low, by checking the box, any fore ion having a filing date before tha	country other than t	the
PRIOR FOREIGN AND ANY P				PRIORI	
Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORIT CLAIME	
1. 9828074.6 2.		GB	12/18/1998	X	
3.					
4.					
5.					
I hereby claim the benefit under Ti Application No.	itle 35, United St			ation(s) listed below	<u>':</u>
1.		Tillig Date	(MM/DD/YYYY)		
2.					
3. 4.			· .		

ATTORNEY'S DOCKET NUMBER
PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	STATUS (Check one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

Charles E. Dadswell Karen L. Prus Robert H. Brink Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers

Lorie Ann Morgan

Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181

Reg. No. 39,009

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

Elizabeth Selby

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709



23347
PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	THE NAME OF	FAMILY NAME		
I .	FULL NAME	·· -	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR			Robert
l	INVENTOR'S	Signature X	•	Date
İ	SIGNATURE			x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9N.I GB
		IPC 924, Pfizer Limited		Hent e 113 My GB
				i i
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	i
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		Moradianic ME, SAI, GB
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	Transit I alk	110 21 103, 03

		CLARATION FOR UT WITH POWER OF AT		ATENT	ATTORNEY'S DOCKET NUMBER PG3612USW
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	EN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame	:
I	INVENTOR'S	Signature		Date	
	SIGNATURE	X		x	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP	CODE/COUNTRY
- 11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2770	9. US
		Five Moore Drive, PO Box 13398			,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVE	EN NAME/INITIAL
2	OF INVENTOR	WARD	Peter		
	INVENTOR'S	Signature		Date	
	SIGNATURE	L ^X		х	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF	CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP	CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 2770	
<u> </u>	<u> </u>	Five Moore Drive, PO Box 13398	<u></u>		,

COMBINED DECLAR APPLICATION WITH				ATTORNEY'S DOCKET PG3612USW
APPLICATION WITH	n POWER	OF ATTORNE	(First Names Inventor: Duncan Robert ARMOUR
() Declaration submitted with initial	_			Complete if known: App No.:
(X)Declaration submitted after initia	I filing (surcharge	required 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below name	d inventor. I here	eby declare that:		
My residence, post office	e address and citi	zenship are as stated belo	ow next to my name.	
I believe I am the origina (if plural names are listed entitled:	al, first and sole i d below) of the si	nventor (if only one nam ubject matter which is cla	e is listed below) or an original, find it is solution and for which a patent is solution.	rst and joint inventor ught on the invention
COMPO	OUNDS USEFU	L IN THE TREATMEN	NT OF INFLAMMATORY DIS	EASES
the specification of which	h (check only one	e item below):		
[]is attached hereto. OR				
[x] was filed on <u>16 DE</u>	CEMBER 1999	as United States applica	tion Serial Noo	r PCT International
Application Number PC	<u>'T/EP99/10000</u> f	iled_and was amended or	n (MM/DD/YYYY)	(if applicable)
I hereby state that I have as amended by any amen			the above-identified specification,	including the claims,
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 CF	R §1.56.
or inventor's certificate o United States of America	r 365(a) of any P a, listed below and icate or of any Po	CT international applicated have also identified bel	(d) or §365(b) of any foreign appl tion which designated at least one low, by checking the box, any fore ion having a filing date before tha	country other than the eign application for
PRIOR FOREIGN AND ANY P	PRIORITY CLA	IMS UNDER 35 U.S.C	. 119:	
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998	X
2.				
3.				
4. 5.			<u>-</u>	
	W. 25 TT W 15	(O 1 8110() 6	TI :: 10:	
I hereby claim the benefit under Tapplication No.	itle 35, United St			ation(s) listed below:
Application No.		rining Date	(MM/DD/YYYY)	
2.				 -
3.				
4.				

ATTORNEY'S DOCKET NUMBER PG3612USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT	APPLICATION or PCT	F PARENT APPLICATION

			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby

Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337

Reg. No. 36,094 Reg. No. 38,298

James P. Riek

Virginia C. Bennett Frank P.Grassler

Christopher P. Rogers Lorie Ann Morgan

Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164

Reg. No. 36,334 Reg. No. 38,181

Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel **Corporate Intellectual Property Department** GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709



PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

l	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
` 2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
	SIGNATURE	X		l x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		Í
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		· ·

COM	ABINED DE	CLARATION FOR UT	TLITY or DESIGN P.	ATENT ATTORNEY'S DOCKET NUMBER PG3612USW
APP.	LICATION	WITH POWER OF AT	TORNEY Continued	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WARD	Peter	
	INVENTOR'S	Signature		Date
i	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLA APPLICATION WIT			R DESIGN PATENT	PG36 First Na Duncan	NEY'S DOCKET 12USW mes Inventor: Robert ARMOUR
() Declaration submitted with initia	l filing or			App N	o.:
(X)Declaration submitted after initi	al filing (surcharge	required 37CFR1.16(e))		Filing	Date
					Art Unit:
As below name	ed inventor. I her	eby declare that:		1	
My residence, post offic	ce address and citi	izenship are as stated bel	low next to my name.		
			ne is listed below) or an original, a aimed and for which a patent is so		
COMP	OUNDS USEFU	L IN THE TREATME	NT OF INFLAMMATORY DIS	SEASES	
the specification of which	ch (check only on	e item below):			
[]is attached hereto. OR					
[x] was filed on 16 DF	ECEMBER 1999	as United States applica	ation Serial No.	or PCT I	nternational
Application Number Pe	CT/EP99/10000 f	aled_and was amended o	n (MM/DD/YYYY)		(if applicable)
I hereby state that I have as amended by any ame	e reviewed and un ndment specifical	derstand the contents of ly referred to above.	the above-identified specification	ı, includin	g the claims,
I acknowledge the duty	to disclose inform	nation which is material t	o patentability as defined in 37 C	FR §1.56	
or inventor's certificate of United States of Americ patent or inventor's certi which priority is claimed	or 365(a) of any P a, listed below an ficate or of any P d:	CT international applicad have also identified be CT international applica	e(d) or §365(b) of any foreign appution which designated at least one low, by checking the box, any fortion having a filing date before the	e country eign appl	other than the ication for
PRIOR FOREIGN AND ANY Prior Foreign Application		AIMS UNDER 35 U.S.C Country	Foreign Filing Date		PRIORITY
Number (s)			(MM/DD/YYYY))		CLAIMED
1. 9828074.6		GB	12/18/1998		X
2. 3.					
4.			· · · · · · · · · · · · · · · · · · ·		
5.					
	Fitle 35, United St		y United States provisional applic	cation(s) l	isted below:
Application No.		Filing Date	e (MM/DD/YYYY)		
2.					
3.					
4.				_	
5.					

ATTORNEY'S DOCKET NUMBER
PG3612USW

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						
	\$	STATUS (Check one)				
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		

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Reg. No. 38,298

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers Lorie Ann Morgan Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Reg. No. 38,181 Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709



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PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell 919-483-6983

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited		
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

		CLARATION FOR UT WITH POWER OF AT		ATENT PG3612USW
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RAMSDEN	Nigel	Grahame
	INVENTOR'S	Signature		Date
i	SIGNATURE	x		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
11	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WARD	Peter	
	INVENTOR'S	Signature		Date
	SIGNATURE	×		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Stevenage	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLARAPPLICATION WITH					ney's docket 12USW
APPLICATION WITH	1 PUWEK	OF ATTORNEY		E .	mes Inventor: Robert ARMOUR
() Declaration submitted with initial	filing or			Compl App N	lete if known: o.:
(X)Declaration submitted after initia	l filing (surcharge	required 37CFR1.16(e))		Filing	Date
				Group	Art Unit:
As below name	d inventor. I her	eby declare that:		1	
My residence, post office	e address and cit	izenship are as stated belo	ow next to my name.		
			e is listed below) or an original, the commendant for which a patent is so		
COMPO	OUNDS USEFU	L IN THE TREATMEN	T OF INFLAMMATORY DIS	SEASES	
the specification of which	h (check only on	e item below):			
[]is attached hereto. OR	~~~ ~~~ 1000	** * 10			
			tion Serial No.		
			ı (MM/DD/YYYY)		(if applicable)
I hereby state that I have as amended by any amen			the above-identified specification	ı, includin	ig the claims,
I acknowledge the duty to	o disclose inforn	nation which is material to	patentability as defined in 37 C	FR §1.56	
or inventor's certificate o United States of America patent or inventor's certif which priority is claimed	r 365(a) of any I I, listed below an icate or of any P	PCT international applicated have also identified bell CT international applicat	(d) or §365(b) of any foreign apption which designated at least on ow, by checking the box, any for ion having a filing date before the	e country reign appl	other than the ication for
PRIOR FOREIGN AND ANY I					
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED
1. 9828074.6		GB	12/18/1998		X
2.					
3. 4.					
5.					
I hereby claim the benefit under T	itle 35, United S	tates Code §119(e) of any	United States provisional applic	cation(s) l	isted below:
Application No.		Filing Date	(MM/DD/YYYY)	1, /	
1.					
2. 3.					
4					

ATTORNEY'S DOCKET NUMBER PG3612USW

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PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
-					

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ľ	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ARMOUR	Duncan	Robert
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Sandwich	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Discovery Chemistry	Sandwich	Kent CT13 9NJ GB
		IPC 924, Pfizer Limited	i	
		Ramsgate Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	David	
	INVENTOR'S	Signature	-	Date
	SIGNATURE	X		X
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn Garden City	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Roche Products Limited	Welwyn Garden City	Hertfordshire AL7 3AY, GB
		Broadwater Road		<u> </u>
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CONGREAVE	Miles	Stuart
	INVENTOR'S	Signature		Date
	SIGNATURE	X		x
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Cambridge	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	<u></u>	Five Moore Drive, PO Box 13398		

	ECLARATION FOR UT ICATION WITH POW		PG3612USW
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	GORE	Paul	Martin
INVENTOR'S	Signature		Date
SIGNATURE	X		х
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP POST OFFICE	Stevenage POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
ADDICESS	Five Moore Drive, PO Box 13398	Research Triangle Lark	110 27703, 03
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	GREEN	Darren	Victor, Steven
INVENTOR'S	Signature X		Date
SIGNATURE	CITY	T	x
RESIDENCE & CITIZENSHIP	Stevenage	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	HOLMAN	Stuart	
INVENTOR'S	Signature X		Date X
RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		, , , , , , , , , , , , , , , , , , , ,
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR	JACK	Torquil	Iain, Maclean
INVENTOR'S	Signature X		Date X
SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		·
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
OF INVENTOR'S	KEELING Signature	Steven	Philip
SIGNATURE	X		Date X
RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
***	Five Moore Drive, PO Box 13398		
FULL NAME OF INVENTOR	FAMILY NAME MASON	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL
INVENTOR'S	Signature	Andrew	McMurtrie Date
SIGNATURE	X		X
RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
EIII I MARKE	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	croove comments
FULL NAME OF INVENTOR	MORRISS	Karen	SECOND GIVEN NAME/INITIAL
INVENTOR'S	Signature	1241 (11	Date
SIGNATURE	x		x
RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Stevenage	GB	GB
POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
	Five Moore Drive, PO Box 13398		1
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